IDENTIFICATION NUMBI	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
175455		B. WING		08/21/2013		
	STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	<u>!</u>		
E						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
000 INITIAL COMMENTS		S 000				
The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS67234.						
#KS67234. 26-40-305 (f)(3) P E - Electrical requirements (3) Each electrical circuit to fixed or portable equipment in hydrotherapy units shall have a ground-fault circuit interrupter. This Requirement is not met as evidenced by: The facility identified a census of 55 residents. The facility had one therapy room and one hydroculator in the therapy room. Based on observation and interview, the facility failed to provide a ground-fault circuit interrupter for one hydrocollator unit on one of four days on site of the survey. Findings included: - During the initial tour on 8/13/13 at approximately 10:32 A.M., observation revealed the hydrocollator unit was plugged into an electrical outlet without a ground-fault interrupter. An interview with administrative staff A at this time revealed the facilility did not provide a ground-fault circuit interrupter for the hydrocollator unit. The facility failed to have a ground-fault circuit interrupter to the electrical outlet for the hydrocollator unit as required.		S1364				
TEAC TO THE THE TO THE	EMENT OF DEFICIENCIES BUST BE PRECEDED BY FURTHER PRECEDED BY FURT	EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION) Tepresent the findings of a complaint Investigation Electrical requirements It to fixed or portable apy units shall have a trupter. In met as evidenced by: census of 55 residents. Trapy room and one apy room. Based on ew, the facility failed to circuit interrupter for one e of four days on site of On 8/13/13 at M., observation revealed as plugged into an a ground-fault interrupter. Inistrative staff A at this time of the provide a ground-fault endorcollator unit. The a ground-fault circuit call outlet for the	STREET ADDRESS, CITY, STATE SOS N. MAIN ST. ESKRIDGE, KS 66423 EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL TAG EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL TAG SOOO Represent the findings of a complaint Investigation Rectrical requirements State to fixed or portable apy units shall have a rupter. Soft met as evidenced by: census of 55 residents. rapy room and one apy room. Based on ew, the facility failed to circuit interrupter for one e of four days on site of Sono 8/13/13 at M., observation revealed as plugged into an a ground-fault interrupter. Sistrative staff A at this time in not provide a ground-fault end provide a ground-fault end provide a ground-fault end outlet for the	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. MAIN ST. ESKRIDGE, KS 66423 EMENT OF DEFICIENCIES BUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCED TO THE A DEFICIENCY) S 000 Represent the findings of a omplaint Investigation Recently a complaint Investigation Recently a complaint Investigation S 1364 Recently a complaint Investigation Recent	STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. MAIN ST. ESKRIDGE, KS 66423 EMENT OF DEFICIENCIES UIST BE PRECEDED BY PULL IDENTIFYING INFORMATION) S 000 PEPPOVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPPOVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPPOVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPPOVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PEPOVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 PROVIDER'S PLAN OF CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE ACTION	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM 021199 H7GZ11 If continuation sheet 1 of 1